



Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

1450 Chapel Street
New Haven, Connecticut 06511
(203) 789-3000

March 16, 2006

Ms. Kimberly Martone
State of Connecticut
Office of Health Care Access
410 Capital Avenue
Hartford, Connecticut 06134-0308

RECEIVED
2006 MAR 17 AM 11:11
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

RE: Letter of Intent
Construction of Orchard Street Pedestrian Bridge

Dear Ms. Martone:

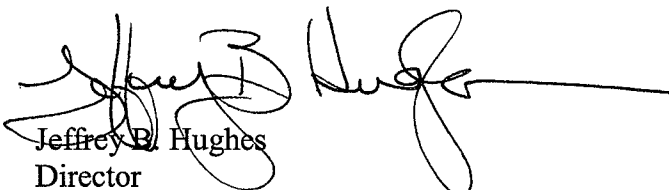
This document should serve as a Letter of Intent to file a Certificate-of-Need application for the construction of a pedestrian bridge across Orchard Street (New Haven) which links the Orchard Street Parking Garage to the 330 Orchard Street Medical Office Building of the main complex of the Hospital of Saint Raphael. The purpose of this project is to provide safe, convenient and direct access from the Orchard Street Parking Garage to the Hospital for patients, visitors, doctors and employees.

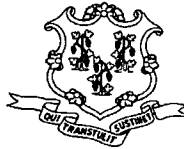
Enclosed for your review is OHCA Form 2030 that describes this project.

We look forward to working with you, and with the analysts and staff of the Office of Health Care Access during this review process.

Please do not hesitate to contact me at (203) 789-5961, or Barbara Durdy, Senior Business Development Analyst at (203) 789-4378, should you have any questions, or should you need any additional information.

Sincerely,


Jeffrey B. Hughes
Director
Planning & Business Development



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Jeffrey B. Hughes Director, Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone #, fax # and e-mail address	(203) 789-5961 Phone (203) 789-3653 Fax jhughes@srhs.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Construction of Orchard Street Pedestrian Bridge

Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

b. Location of proposal (Town including street address):

**Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511**

c. List all the municipalities this project is intended to serve:

The Hospital of Saint Raphael defines its service area to include the 22 towns and cities of South Central Connecticut. Please see Attachment # 1 for a complete listing of service area towns.

d. Estimated starting date for the project:

The Hospital is seeking approval for construction of a Pedestrian Bridge which began on September 22, 2004, and was recently completed.

- e. Type of project: 27 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

No change in the number of beds will occur as a result of this project.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 1,118,116
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 1,118,116
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 1,118,116
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 1,118,116

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☒ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

Please see Attachment # 2 for a description of the project.

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Please see Attachment #3 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.

- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number:
The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

▪ **AFFIDAVIT**

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

List of Attachments

- 1. List of Service Area Towns**
- 2. Project Description**
- 3. Hospital License**

Attachment 1

List of Service Area Towns

Attachment 1

**Hospital of Saint Raphael
Service Area Towns**

**Ansonia
Bethany
Branford
Cheshire
Clinton
Derby
East Haven
Guilford
Hamden
Madison
Meriden
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge**

Attachment 2
Project Description

Attachment 2

**Hospital of Saint Raphael
Construction of Orchard Street Pedestrian Bridge**

Project Description

This Certificate of Need application is seeking approval from the Connecticut Office of Health Care Access for a capital expenditure of \$1,118,116 for construction of a pedestrian bridge across Orchard Street (New Haven) which links the Orchard Street Parking Garage to the 330 Orchard Street Medical Office Building of the main Hospital complex. The purpose of this project is to provide safe, convenient and direct access from the Orchard Street Parking Garage to the Hospital of Saint Raphael for patients, visitors, doctors and employees.

Attachment 3

***Hospital of Saint Raphael
Hospital License
As Issued by
Connecticut Department of Health***

LICENSE

License No. 0056

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

The maximum number of beds shall not exceed at any time:

22 Bassinets

511 General Hospital beds

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

License revised to reflect:

*Change of address on (1) satellite effective 9/10/05

Satellites

*Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Project Mother Care (Mobile), 9 River Street, New Haven, CT
Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT
Dental Mobile Van "Miles 4 Smiles", 9 River Street, New Haven, CT
Elder Care Clinic/Tower One, Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT
Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
Mcquency Towers/Hospital of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
Troup School Base Health Center, 130 B Leeder Hill, Hamden, CT



J. Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner